

GENERAL FACT SHEET

11-163

BILL NUMBER

BRIEF TITLE

APPROVAL DEADLINE

REASON

DETAILS

POSITIONS/RECOMMENDATIONS

<p>In 2005, the Lincoln Police Department entered into a lease agreement with The 3 Amigos Properties, L.L.C. for a period of 3 yrs. The annual rental rate was \$67,200.</p> <p>The lease was renewed in 2008 for a period of 3 yrs and for annual rental rate of \$69,216.</p> <p>The Lincoln Police Department wishes to renew the lease with current property owner Silver Properties, L.L.C. The term would be for period of 5 yrs. at the current annual rental rate.</p> <p>The Nebraska State Patrol pays \$34,100 for the use of space within the premises, plus an additional \$1000 for utilities/janitorial services. LPD and Lancaster County Sheriff's costs are paid from grant funds.</p>	Sponsor	Lincoln Police Department
	Program Departments, or Groups Affected	All automated departments
	Applicants/ Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
Discussion (Including Relationship to other Council Actions)	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____	
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project:	\$ _____
		COST of this Ordinance/ Resolution	\$ _____
		RELATED annual operating Costs	\$ _____
		INCREASE REVENUE EXPECTED/YEAR	\$ _____
SOURCE OF FUNDS	CITY [Approximately]		
	_____	\$ _____ % _____	
	_____	\$ _____ % _____	
	_____	\$ _____ % _____	
	NON CITY [Approximately]		
	_____	\$ _____ % _____	
	_____	\$ _____ % _____	
	_____	\$ _____ % _____	
	_____	\$ _____ % _____	
BENEFIT COST <input type="checkbox"/> Front Foot Assessment <input type="checkbox"/> Square Foot			Average \$ _____ \$ _____ -

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER